



One Layman Way, Alfred, Maine 04002

## APPLICATION FOR EMPLOYMENT

Position Applied For: \_\_\_\_\_

**Note:** This application must be completely filled out. You may attach a resume` and cover letter. You may also attach any additional pages if needed. To obtain credit for any training, you must attach copies of your certificates or diplomas.

Name: \_\_\_\_\_  
Last First Middle

Mailing Address: \_\_\_\_\_  
Street

\_\_\_\_\_  
Town/City State Zip Code Phone #

Physical Address: \_\_\_\_\_

Previous Address: (Where you have lived at for the past ten (10) years.

Street	Town/City	State	Dates From / To
--------	-----------	-------	-----------------


Are you willing to take a: Polygraph Test? Yes ☐ No ☐ Psychological Test? Yes ☐ No ☐

Notification in case of Emergency: \_\_\_\_\_  
Name

\_\_\_\_\_  
Address Phone #

Revised: April, 2009

## **Driving History:**

Do you hold a valid State of Maine Driver's License? Yes ☐ No ☐

If yes, please provide the following information;

License #: \_\_\_\_\_ Class: \_\_\_\_\_ Permissions/Restrictions: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Do you hold, or have you ever held, an out of state driver's license? Yes ☐ No ☐

If yes, please provide the following information;

State: \_\_\_\_\_ License #: \_\_\_\_\_ Class: \_\_\_\_\_

Permissions/Restrictions: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Have you ever been in a motor vehicle accident? Yes ☐ No ☐

Have you ever been convicted of a traffic violation? Yes ☐ No ☐

Do you have to file proof of insurance under the Financial Responsibility Law? Yes ☐ No ☐

If yes, please explain why: \_\_\_\_\_

Has your license ever been suspended or revoked? Yes ☐ No ☐ if yes, which state? \_\_\_\_\_

Please list below all motor vehicle history in the past five (5) years (Accidents, Summons, etc.):

Date	Location	Police Department	Violation
------	----------	-------------------	-----------

---

---

---

---

## **Criminal History:**

Have you ever been convicted of a crime or had a Protection Order or Cease Harassment Order issued against you? Yes ☐ No ☐ If yes, please list below

Date	Location	Charge/Violation	Disposition
------	----------	------------------	-------------

---

---

---

**Education:**

Do you have a High School Education? Yes ☐ No ☐ if yes, please state where and when;

Name of High School: \_\_\_\_\_

Address: \_\_\_\_\_

Year graduated? \_\_\_\_\_

If not a High School graduate but hold a GED, please state where and date awarded:

Name of High School: \_\_\_\_\_

Address: \_\_\_\_\_

Year awarded? \_\_\_\_\_

Do you have a College Education? Yes ☐ No ☐ if yes, please state where and when;

Name of College: \_\_\_\_\_

Address: \_\_\_\_\_

Year graduated? \_\_\_\_\_ Degree you hold: \_\_\_\_\_

If not a college graduate, state highest year attended: \_\_\_\_\_ # of Credits: \_\_\_\_\_

**Training:**

Type of related training you hold:

Type	Location	Graduate
------	----------	----------


Please list any other work history, training, specialties or education you feel may be an asset to this agency:

Type	Location	Graduate
------	----------	----------


## **Military Information:**

Were you in the U.S. Armed Forces?    Yes ☐ No ☐

If yes, which branch? \_\_\_\_\_

Dates of Military Service: \_\_\_\_\_

Were you subject to any disciplinary action while in the Armed Forces?    Yes ☐ No ☐

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## **Employment History:**

Please list jobs that you have held, beginning with your present employment:

Date From / To	Name of Employer	Address	Phone #	Job Title
----------------	------------------	---------	---------	-----------

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you moved to new employment on the above jobs of your own free will?    Yes ☐ No ☐

If not, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comments in regards to any of your jobs: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Reference:**

---

_____	_____	_____	_____
Last Name	First Name	Middle Name	
_____	_____	_____	_____
Mailing Address	Town/City	State	Zip Code
_____	_____	_____	_____
Home Phone #		Work Phone #	

---

_____	_____	_____	_____
Last Name	First Name	Middle Name	
_____	_____	_____	_____
Mailing Address	Town/City	State	Zip Code
_____	_____	_____	_____
Home Phone #		Work Phone #	

---

_____	_____	_____	_____
Last Name	First Name	Middle Name	
_____	_____	_____	_____
Mailing Address	Town/City	State	Zip Code
_____	_____	_____	_____
Home Phone #		Work Phone #	

---

_____	_____	_____	_____
Last Name	First Name	Middle Name	
_____	_____	_____	_____
Mailing Address	Town/City	State	Zip Code
_____	_____	_____	_____
Home Phone #		Work Phone #	

---

The facts set forth in my application are true and complete to the best of my knowledge. I understand false statements on this application may subject me to disqualification or result in my dismissal from employment. I further understand that this application is not intended to be a contract of employment, nor does this application obligate the York County Sheriff's Office to employ me.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# YORK COUNTY SHERIFF'S OFFICE

## AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, \_\_\_\_\_, do hereby authorize representatives of the York County Sheriff's Office, a review of, and full disclosure of, all records or any part thereof, concerning myself, whether said records are of a public, private or confidential nature.

The intent of the authorization is to give my full and complete disclosure of the records of educational institutions, employment and pre-employment, records, including background reports, sufficiency ratings, complaints or convictions for alleged or actual violations of the law, including criminal and/or traffic records of complaints or a civil nature made by or against me, wherever located.

It is the intent of the authorization to provide full and free access to the background and history of my work and personal life, for the specific purpose of pursuing a background investigation, which may provide pertinent data for the York County Sheriff's Office, to consider in determining my suitability for employment by that department. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically enumerated above are not intended to deny access to any records not specifically mentioned herein.

I understand that any information obtained by the personal history background investigation, which is developed directly or indirectly, in whole or in part, upon the Release Authorization will be considered in determining my suitability for employment by the York County Sheriff's Office. I have had this explained to me and I fully understand that the refusal to grant this authorization will not, of itself, constitute a basis for rejection of my application.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
Street

\_\_\_\_\_  
Town/City State Zip Code

Notary: \_\_\_\_\_ Date: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

# YORK COUNTY SHERIFF'S OFFICE

## MEDICAL CLEARANCE

Applicant's Name: \_\_\_\_\_

Dear Physician:

The person that presents this to you is an applicant for a position with the York County Sheriff's Office. It is imperative that the applicant be physically fit.

The applicant will be required to perform a physical agility test, which will involve running 1½ miles, sit-ups and push-ups.

The applicant, if employed by the York County Sheriff's Office, will be required from time to time, to control unruly subjects or incarcerated inmates and subdue same.

**Please complete the following:**

- A. Are there any physical, mental or emotional conditions which, in your opinion, suggest the need for further examination?

Yes ☐ No ☐

- B. Do you have any reservations about this applicant's ability to physically perform the physical agility test or the physical duties of the job?

Yes ☐ No ☐

\_\_\_\_\_  
Physician's Name (Please Print)

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

# **YORK COUNTY SHERIFF'S OFFICE**

## **APPLICANT'S WAIVER**

Whereas, the undersigned has applied for employment with the York County Sheriff's Office and; whereas, the York County Sheriff's Office requires all applicants to take a physical agility test, and in consideration of the acceptance of my application for employment by the York County Sheriff's Office and the administration of various tests and procedures to process said application, I do for myself, my heirs, executors, and administrators certify to the York County Sheriff's Office That I am in Good Health and know of no physical or mental reason why I should not take said physical agility test and I do release and discharge the York County Sheriff's Office, its Officers, employees, servants and agents of any and all claims, demands, actions and suits at law or inequity for and on account of any and all injuries, disabilities, physical and mental disease, damages, losses and expenses that may be sustained by me nor or hereafter as a result of my taking said physical agility test.

Applicant's Name (Please print): \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness Name (Please print): \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Date: \_\_\_\_\_